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FEC MAIL CENTER

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FEC
FORM 3XREPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

GAR 5 COMMITTEE

ADDRESS (number and street)

7134 AVALON VALLEY DRIVE

Check if different
than previously
reported. (ACC)

DANBURY

CT

06810

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

3. IS THIS
REPORTNEW
(N) X ORAMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

November 2, 2010

5. Covering Period

through

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ARTHUR J. MANNION, JR

Signature of Treasurer

Arthur J. Mannion, Jr.

Date

11/30/2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
OnlyFEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

To:

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand January 1,

1,162.43

(b) Cash on Hand at Beginning of Reporting Period.....

1,162.43

(c) Total Receipts (from Line 19).....

0.00

(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....

1,162.43

1,162.43

7. Total Disbursements (from Line 31).....

8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....

1,162.43

1,162.43

9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....

10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....

1,500.00

1,500.00

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

11030533802

SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE **OF**
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

GOP 5

LOAN SOURCE Full Name (Last, First, Middle Initial)

VARIOUS INDIVIDUALS

Mailing Address

City

State

ZIP Code

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01

12

2006

09

01

2006

1%

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

FESTA, Michael

Name of Employer

SELF

Mailing Address

PO Box 627

Occupation

REAL ESTATE LANDLORD

City

State

ZIP Code

OAKVILLE CT 06779

Amount

Guaranteed

Outstanding:

250.00

2. Full Name (Last, First, Middle Initial)

SULLIVAN, ROBERT B

Name of Employer

REMAX Unlimited

Mailing Address

PO Box 627

Occupation

REALTOR

City

State

ZIP Code

NEW MILFORD CT 06776

Amount

Guaranteed

Outstanding:

250.00

3. Full Name (Last, First, Middle Initial)

Mailing Address

Name of Employer

Occupation

Amount

Guaranteed

Outstanding:

City

State

ZIP Code

4. Full Name (Last, First, Middle Initial)

Mailing Address

Name of Employer

Occupation

Amount

Guaranteed

Outstanding:

City

State

ZIP Code

SUBTOTALS This Period This Page (optional) ▶

500.00

TOTALS This Period (last page in this line only) ▶

1,500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

11030533803

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

GoP 5 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

VARIOUS Individuals

Mailing Address

See Below

City

State

ZIP Code

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01/12/2006

04/01/2006

10% % (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

NOLAN, VINCENT

Name of Employer

TOWN OF NEW MILFORD

Mailing Address

12 HILLANDALE RD

Occupation

ECONOMIC DEVELOPMENT

City

State

ZIP Code

DANBURY

CT

06811

Amount

Guaranteed

Outstanding:

250.00

2. Full Name (Last, First, Middle Initial)

SARACINO, MARY G

Name of Employer

RETIRED

Mailing Address

5 BRINSEA COURT

Occupation

City

State

ZIP Code

DANBURY

CT

06810

Amount

Guaranteed

Outstanding:

250.00

3. Full Name (Last, First, Middle Initial)

DEMAIDA, ALYN N

Name of Employer

STATE OF CT EX ASS'T COMM

Mailing Address

185 PIER POINT RD

Occupation

DEP

City

State

ZIP Code

WATERBURY

CT

06705

Amount

Guaranteed

Outstanding:

250.00

4. Full Name (Last, First, Middle Initial)

JAMES SMITH

Name of Employer

RETIRED

Mailing Address

2 LITTLE BROOK LANE

Occupation

City

State

ZIP Code

NEWTON

CT

06470

Amount

Guaranteed

Outstanding:

250.00

SUBTOTALS This Period This Page (optional).....▶

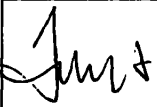
TOTALS This Period (last page in this line only).....▶

1000.00
1500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

11030533804

Federal Election Commission
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Delivery Confirmation™ or Signature Confirmation™ Label <input checked="" type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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 PREPARER	1/10/11 DATE PREPARED

(3/2005)

11030533805

Federal Election Commission
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Delivery Confirmation™ or Signature Confirmation™ Label <input checked="" type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(3/2005)

1/10/11
DATE PREPARED

11030533806